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Mortuary operations in the aftermath of the 2009 Victorian bushfires

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Year: 2011

Journal: Forensic Science International. 205 (3-Jan): 14-Aug

Abstract:

On the day of the 2009 Victorian bushfires the Victorian Institute of Forensic Medicine activated its emergency plan. Within 48 h a temporary body storage facility was constructed adjacent to the existing mortuary. This temporary facility had the capacity to store up to 300 deceased persons. Pathologists, anthropologists, odontologists, police and mortuary assistants responded from all around Australia, New Zealand and Indonesia. The existing forensic mortuary and staff were divided into two areas: DVI (disaster victim identification) and "routine operations". A high priority for the mortuary was to ensure the casework of the "routine" deceased persons (those cases which were not related to the bushfires) was handled concurrently and in a timely manner. On admission each set of victim remains was given both a Coroner's case number in addition to the DVI number allocated at the scene. The case was CT scanned, examined by a pathologist, an anthropologist, and odontologist and in some instances a fingerprint expert. Where possible a DNA sample was taken. All processes, samples, labels and paperwork underwent a quality assurance check prior to the case completion. Regular audits were conducted. All of post mortem examinations were completed within 20 days of admission. Occupational health and safety issues of the staff were a high priority; this included correct manual handling, infection control and psychological debriefings. During the operation it was found that some remains were contaminated with asbestos. Procedures were set in place to manage these cases individually and each was isolated to reduce the risk of exposure by staff to asbestos. This overall mortuary operation identified a number of significant challenges, in particular the management of multiple parts of human remains for one individual. A new procedure was developed to ensure that all human remains, where possible, were reconciled with identified deceased persons prior to the release to the funeral director. It also highlighted the need to have well documented plans in place including plans for temporary mortuary facilities.

Source: http://dx.doi.org/10.1016/j.forsciint.2010.11.002

Resource Description

Communication: M

resource focus on research or methods on how to communicate or frame issues on climate change; surveys of attitudes, knowledge, beliefs about climate change

A focus of content

Communication Audience: M

audience to whom the resource is directed

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Timescale: M

time period studied

Time Scale Unspecified

Health Professional Exposure: M weather or climate related pathway by which climate change affects health **Extreme Weather Event Extreme Weather Event: Wildfires** resource focuses on specific type of geography None or Unspecified Geographic Location: M resource focuses on specific location Non-United States Non-United States: Australasia Health Impact: M specification of health effect or disease related to climate change exposure Injury Medical Community Engagement: resource focus on how the medical community discusses or acts to address health impacts of climate change A focus of content mitigation or adaptation strategy is a focus of resource Adaptation Population of Concern: A focus of content Population of Concern: M populations at particular risk or vulnerability to climate change impacts Workers Resource Type: M format or standard characteristic of resource Research Article

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